

<b>SENDER: COMPLETE THIS SECTION</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	
<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>1. Article Addressed to:</p> <p>Sakher Haddad 1 Fairgreen Circle Fairfield, OH 45014</p>	
<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
B. Received by (Printed Name)	C. Date of Delivery
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article N <i>(Transfer)</i>	7009 2820 0003 5799 7596 <i>9-577 200</i>
PS Form 3811, February 2004 Domestic Return Receipt	
102595-02-M-1540	